

**FILED AUG 28 1943**

Registration District No. **28**

Primary Registration District No. **6076**

Registrar's No. **1912**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Sappington  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
Gravois near Denny Rd.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis  
(If outside city or town limits, write "RURAL") 17

(d) Street No. 2847 Minnesota  
(If rural, give location) 9

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Charles Hof

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. 489-01-8451

4. Sex male

5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Kate Hof

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased October 23 1879  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>63</u>	<u>10</u>	<u>1</u>	hr. _____ min.

9. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Carpenter

11. Industry or business \_\_\_\_\_

12. Name Phillip Hof

13. Birthplace Germany  
(City, town, or county) (State or foreign country)

14. Maiden name not known

15. Birthplace not known  
(City, town, or county) (State or foreign country)

16. (a) Informant Kate Hof

(b) Address 2847 Minnesota

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof 8-25-43  
(Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director John J. Zieglerheim & Sons  
7027 Gravois Ave.

19. (a) **AUG 24 1943** (Date received local registrar)

(b) [Signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 21  
year 1943 hour 7:00 minute P M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death Natural causes. Duration \_\_\_\_\_

Due to Coronary sclerosis.

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 940

Major findings: Of operations \_\_\_\_\_

Of autopsy Yes.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)

(c) Means of injury \_\_\_\_\_

Signature Louis H. Bap... (M. D. or other)

Address Kirkwood, Mo. 8-25-43 Date signed \_\_\_\_\_

PHYSICIAN

Underline the cause to which death should be charged statistically.

DEC 21 1957

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed E. P. Bidwell

Licensed Embalmer No. 3877

P. O. Address 7027 Gravois

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

If this body is not embalmed, fact should be so stated above.